

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street
Mailing Address: P.O. Box 40, Honolulu, Hawaii 96810
Phone No. (808) 586-2727



COMMERCIAL REGISTERED AGENT LISTING STATEMENT
(Section 425R-5, Hawaii Revised Statutes)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

The undersigned certify as follows:

1. Name of individual or name of entity registering as a Commercial Registered Agent (CRA):

(Type/Print Name of Individual or Entity)

a. Specify CRA entity type: (please check one)

- Profit Corporation Nonprofit Corporation Limited Liability Company General Partnership
- Limited Liability Partnership Limited Partnership Limited Liability Limited Partnership
- Other (explain): _____

b. Jurisdiction of CRA Organization is: _____
(State or Country)

2. The individual or entity named above is in the business of serving as a commercial registered agent in Hawaii.

3. The CRA street address (including number, street, city, state and zip code) in this State:

This address is the place of business of the commercial registered agent in this State to which service of process and other notice and documents being served on or sent to entities represented by it may be delivered.

I/we certify under the penalties of Section 414-20, 414D-12, 425-13, 425-172, 425E-208 and 428-1302, Hawaii Revised Statutes, as applicable, that I/we have read the above statements, I/we are authorized to sign this statement and that the same are true and correct.

Signed this _____ day of _____, _____

(Type/Print Name & Title)

(Type/Print Name & Title)

(Signature of Officer)

(Signature of Officer)

Instructions: Statement must be typewritten or printed in **black ink**, and must be **legible**. **The statement must be signed by the individual or on behalf of the entity to become listed as a commercial registered agent.** All signatures must be in **black ink**. Submit original statement together with the appropriate fee(s).

Execution:

For **corporations**, document must be signed by at least one officer of the corporation.

For **general partnerships**, document must be signed by at least one general partner.

For **limited liability partnerships**, document must be signed and certified by at least one partner.

For **limited partnerships**, document must be signed by at least one general partner.

For **limited liability limited partnerships**, document must be signed by at least one general partner.

For **limited liability company**, document must be signed and certified by at least one manager of a manager-managed company or by at least one member of a member-managed company.

“Commercial registered agent” means an individual or a domestic or foreign entity authorized to transact business in this State.

Line 1. State the name of individual or name of entity registering as a Commercial Registered Agent.

- a. Check one of the boxes to specify the entity type of the Commercial Registered Agent.
- b. State the jurisdiction of organization, which may be another state or country, if the agent is an entity.

Line 3. State the complete street address of the commercial registered agent in Hawaii.

Filing Fees: Filing fees (\$100) are not refundable. Make checks payable to DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS. Dishonored Check Fee (\$25).

For any questions call (808) 586-2727. Neighbor islands may call the following numbers followed by 6-2727 and the # sign: Kauai 274-3141; Maui 984-2400; Hawaii 974-4000, Lanai & Molokai 1-800-468-4644 (toll free).

Fax: (808) 586-2733 Email Address: breg@dcca.hawaii.gov

NOTICE: THIS MATERIAL CAN BE MADE AVAILABLE FOR INDIVIDUALS WITH SPECIAL NEEDS. PLEASE CALL THE DIVISION SECRETARY, BUSINESS REGISTRATION DIVISION, DCCA, AT 586-2744, TO SUBMIT YOUR REQUEST.